

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

AFFILIATE(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|----------------|----------|------|------------------------|------|------------------------|------|
| | INO. | DEP. | INO. | DEP. | INO. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | 1 | | | | | |
| 9 | | 1 | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | 1 | | | | |
| 13 | | | | | | |
| 14 | 1 | | | | | |
| 15 | | 1 | | | | |
| 16 | | | | | | |
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| TOTAL INO. | 3 | | | | | |
| TOTAL DEP. | 15 | | | | | |
| TOTAL ITEMS | 18 | | | | | |

| | INO. | DEP. | INO. | DEP. | INO. | DEP. |
|----------------|------|------|------|------|------|------|
| 61 | | | | | | |
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| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL INO. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL ITEMS | | | | | | |